

**ARIZONA FORM
140ET**

Credit for Increased Excise Taxes

2004

YOUR FIRST NAME AND INITIAL 1		LAST NAME	YOUR SOCIAL SECURITY NO.
IF A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2		DAYTIME PHONE WITH AREA CODE	↑ IMPORTANT ↑ You must enter your SSNs.
HOME ADDRESS CONTINUED 2		HOME PHONE WITH AREA CODE 94	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3		FOR DOR USE ONLY	
Filing Status	4	Married filing joint claim	
	5	Head of household - name of qualifying child or dependent:	
	6	Married filing separate claim. Enter spouse's Social Security Number above and full name here. ▶	88
	7	Single	81
		80	

Who Can Use Form 140ET? File Form 140ET only if you meet the following:

1. You are not required to file an income tax return and you do not qualify for the property tax credit on Form 140PTC.
2. You were an Arizona resident during 2004.
3. You are not claimed as a dependent by any other taxpayer.
4. You were not sentenced for at least 60 days of 2004 to a county, state, or federal prison.
5. Your federal adjusted gross income is:
 - \$25,000 or less if you are married filing a joint return; • \$12,500 or less if single;
 - \$25,000 or less if you are filing as head of household; • \$12,500 or less if married filing a separate return.

- If you meet **all** of 1 through 5 above, you may claim a credit for increased excise taxes paid. Complete Form 140ET to figure your credit.
- Do not file Form 140ET if you are filing an income tax return using Form 140, Form 140A, Form 140EZ or Form 140PY. You may claim this credit on those forms by completing the worksheet in the instructions for those forms.
- Do not file Form 140ET if you are filing Form 140PTC. You may claim this credit on Form 140PTC.

8 I have read the above information, and I certify that I qualify to claim this credit on this form **8** **YES** **NO**

9 List dependents (see instructions). If married filing a joint claim, you may list up to 2 dependents. All other claimants may list up to 3 dependents.

	FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER
9A1			
9A2			
9A3			

10 Total number of dependents entered on lines 9A1 through 9A3	10		
11 If you checked box 4, enter the number "2" here. If you checked box 5, 6, or 7, enter the number "1" here. ...	11		
12 Add the amount on line 10 and line 11. Enter the total.....	12		
13 Multiply the amount on line 12 by \$25. Enter the result.	13		
14 Enter the smaller of line 13 or \$100.00	14		

I have read this claim. Under penalties of perjury, I declare that to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE	▶ YOUR SIGNATURE _____	DATE _____
	▶ SPOUSE'S SIGNATURE _____	DATE _____
	▶ PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
	PAID PREPARER'S TIN _____	DATE _____
PAID PREPARER'S ADDRESS _____		

Mail this claim to: Arizona Department of Revenue, PO Box 29002, Phoenix, AZ, 85038-9002.